

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034218

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8211

STATE FILE NUMBER

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4165 Westminster

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

RICHARD

Middle

C.

Last

WEBSTER

4. DATE OF DEATH

Month

Day

Year

8/10/63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/16/1919

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Yardman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country).

Success, Arkansas.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman Webster

13b. MOTHER'S MAIDEN NAME

Bertha Stevens

14. NAME OF HUSBAND OR WIFE

Reda

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

W. H. #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Reda Webster, 4165 Westminster

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute hepatic insufficiency

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

alcoholic cirrhosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

chronic alcoholism

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

587.1

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month; Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8/6/63

to 8/10/63

and last saw her him alive on 8/10/63

Death occurred at

12:55 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or Informant)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

8/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

Local

23d. LOCATION (City, town, or county)

Corning, Arkansas.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington,

25. DATE RECD. BY LOCAL REG.

AUG 12 1963

26. REGISTAR'S SIGNATURE

Karl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

SHIN

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

2

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75

ITEM NO.

8-8186-3081

1152

8001

812

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.